



Ventura
Local Agency Formation Commission

800 S. Victoria Avenue • Ventura, CA 93009-1850
Tel 805-654-2575 • Fax 805-477-7101

APPLICATION FOR: (check all that apply)

- ☐ Sphere of Influence Amendment for: _____
☐ Reorganization for: _____
☐ Annexation to: _____
☐ Detachment from: _____
☐ Other (specify): _____

GENERAL DESCRIPTION OF PROPOSAL:

LOCATION AND ADDRESSES OF PARCEL(S):

ASSESSOR PARCEL NUMBER(S):

CITY OR DISTRICT:

Name: _____
Address: _____
Phone: _____ FAX: _____ e-mail: _____
Contact Person: _____ Title: _____

APPLICANT'S REPRESENTATIVE (if any):

Name: _____
Address: _____
Phone: _____ FAX: _____ e-mail: _____
Contact Person: _____

LAFCO USE ONLY:

LAFCO Name and Case No.(s) _____
Initial Deposit: \$ _____
Project Manager: _____
Public Hearing Notice Required? ☐ Yes ☐ No
Receipt of Application Date: _____
Certificate of Filing Date: _____
Meeting/Hearing Date(s): _____
CEQA: Lead Agency: _____
Environmental Document/No.: _____

RECEIVED:

PROPERTY OWNER(S):

If more than two property owners for proposal area, please provide the name, with address and contact information, on a separate page.

Name: _____
Address: _____
Phone: _____ FAX: _____ e-mail: _____

Name: _____
Address: _____
Phone: _____ FAX: _____ e-mail: _____

SUBJECT AGENCIES THAT WILL GAIN OR LOSE TERRITORY:

If more than three subject agencies, please provide the names and information, on a separate page.

Name: _____
Address: _____
Phone: _____ FAX: _____ e-mail: _____
Contact Person: _____ Title: _____

Name: _____
Address: _____
Phone: _____ FAX: _____ e-mail: _____
Contact Person: _____ Title: _____

Name: _____
Address: _____
Phone: _____ FAX: _____ e-mail: _____
Contact Person: _____ Title: _____

AFFECTED AGENCIES IN PROPOSAL AREA:

(Agencies with overlying boundaries or spheres of influence). If more than two affected agencies, please provide the names and information, on a separate page:

Name: _____
Address: _____
Phone: _____ FAX: _____ e-mail: _____
Contact Person: _____ Title: _____

Name: _____
Address: _____
Phone: _____ FAX: _____ e-mail: _____
Contact Person: _____ Title: _____

INTERESTED AGENCIES:

(Agencies which provide the same facilities or services in the proposal area that a subject agency will provide). If more than two interested agencies, please provide the names and information, on a separate page.

Name: _____
Address: _____
Phone: _____ FAX: _____ e-mail: _____
Contact Person: _____ Title: _____

Name: _____
Address: _____
Phone: _____ FAX: _____ e-mail: _____
Contact Person: _____ Title: _____

PERSONS REQUESTING TO BE NOTIFIED:

If more than two names, please provide the names and information on a separate page.

Name: _____
Address: _____
Phone: _____ FAX: _____ e-mail: _____

Name: _____
Address: _____
Phone: _____ FAX: _____ e-mail: _____

SCHOOL DISTRICTS:

(School District(s) affected by proposal)

School District: _____
Address: _____
Phone: _____ FAX: _____ e-mail: _____
Contact Person: _____ Title: _____

School District: _____
Address: _____
Phone: _____ FAX: _____ e-mail: _____
Contact Person: _____ Title: _____

Please respond to all items in this questionnaire. Indicate N/A when a question *does not* apply. Any additional information pertinent to the application, should be included with the application at the time of submittal.

I. LANDOWNER CONSENT

Have all property owners involved with the proposal given their written consent?

☐ Yes *(If yes, please attach petitions, letters, or applications)*

☐ No *(If no, please provide the name, address, and Assessor's Parcel Number of those property owners not consenting.)*

II. LAND USE:

A. Area of Proposal: _____ (circle one) Acre / Square Mile / Square Feet

B. Site Information:

	LAND USE	ZONE DISTRICT CLASSIFICATION	GENERAL PLAN DESIGNATION
Current		<input type="checkbox"/> County <input type="checkbox"/> City	<input type="checkbox"/> County <input type="checkbox"/> City
Proposed		<input type="checkbox"/> County <input type="checkbox"/> City	<input type="checkbox"/> County <input type="checkbox"/> City

C. Surrounding Land Uses:

	LAND USE	ZONE DISTRICT CLASSIFICATION	GENERAL PLAN DESIGNATION
North:		<input type="checkbox"/> County <input type="checkbox"/> City	<input type="checkbox"/> County <input type="checkbox"/> City
South:		<input type="checkbox"/> County <input type="checkbox"/> City	<input type="checkbox"/> County <input type="checkbox"/> City
East:		<input type="checkbox"/> County <input type="checkbox"/> City	<input type="checkbox"/> County <input type="checkbox"/> City
West:		<input type="checkbox"/> County <input type="checkbox"/> City	<input type="checkbox"/> County <input type="checkbox"/> City

D. Describe any public easements/oil well operations/cellular site leases, etc. that currently exist on the site: _____

E. Describe any land use entitlements or permits approved or pending for the proposal area:

III. TOPOGRAPHY

- A. Describe the physical features of the subject parcel(s). Refer to major highways, roads, watercourses, and topographical features:

- B. Drainage and average slopes: _____

IV. AGRICULTURE AND OPEN SPACE:

- A. Number of Acres considered Prime Agricultural Land: _____
(as defined by the Soil Conservation Service as being prime, unique or of statewide importance, and as defined by Government Code Section 51201(c) and 56064)

- B. Number of Acres considered Agricultural Lands: _____
(as defined by Gov. Code Section 56016)

- C. If the site is considered Prime Agricultural Land, has there been an alternative site analysis performed?

☐ Yes ☐ No

If yes, please submit analysis.

(refer to Sections 3.1.5. & 4.1.5 of the LAFCO Commissioner's Handbook)

- D. Is the site under a Williamson Act contract? ☐ Yes ☐ No

If yes:

Contract Number: _____

Date of Williamson Act contract execution: _____

Date of Williamson Act contract expiration/cancellation: _____

- E. Number of Acres considered Open Space Lands: _____
(as defined by Gov. Code Section 56059)

- F. Does the site have an open space easement?: ☐ Yes ☐ No

If yes: Number of Acres in open space easement: _____

- G. Is the site within or adjacent to an approved greenbelt? ☐ Yes ☐ No

If yes, name: _____

- H. Is the site subject to either the County or a City SOAR ordinance? ☐ City ☐ County ☐ No

Is the site within a City's CURB Boundary? ☐ Yes ☐ No

V. POPULATION AND HOUSING:

A. Number/Type Dwelling Units within the proposal area:

Existing: _____

Proposed: _____

B. Describe how the proposal will assist the County or the City in achieving its fair share of the regional housing needs as determined by the appropriate council of governments:
(see Gov. Code Section 56668)

VI. PLAN FOR PROVIDING PUBLIC SERVICES:

A. Provision of Services: Describe the services that are provided or are to be provided to subject property: *If water and/or sewer agency annexation is also part of the request, also complete the supplemental questions in B and/or C on the next page. Use additional sheets of necessary.*

(A) Service	(B) Current Service Provider	(C) To be provided by this proposal?	(D) If YES to (C), Describe Level/Range of Service	(E) If YES to (C), Approx. Date Service will be Available?	(F) If YES to (C), Method to Finance
Water		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Sewer		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Police		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Fire		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Streets		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Drainage		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Recreation & Parks		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Services (list)		<input type="checkbox"/> Yes <input type="checkbox"/> No			

B. Supplemental Sewer Information:

1. Is extension of sewer service part of this application? ☐ Yes ☐ No

2. Is the owner requesting annexation due to a failed septic system? ☐ Yes ☐ No
(If yes, please include a copy of any letters from the Environmental Health Department or private septic system company)

3. Is the proposal area within the sphere of influence of a district or city that provides public sewer service? ☐ Yes ☐ No

If yes, which agency? _____

(Please attach any preliminary or recorded Agreements to Annex to application, if applicable)

4. Has the agency that will be providing sewer service issued an "Intent to Serve" letter? *(If yes, please attach letter to application)* ☐ Yes ☐ No

If No:

Will the agency be prepared to furnish sewer service upon annexation? ☐ Yes ☐ No

5. Does the agency have the necessary contractual and design capacity to provide sewer service to the proposed area? ☐ Yes ☐ No

If no, please describe the agency's plan to increase capacity:

6. Indicate the method of financing improvements and on-going operations (e.g., general property tax, assessment district, landowner/developer fees, etc.):

7. What is the distance for connection to the agency's existing sewer system?

C. Supplemental Water Information:

1. Is extension of water service part of this application? ☐ Yes ☐ No

2. Is a well or other on-site water system currently used to serve this property? ☐ Yes ☐ No

If Yes:

Is the on-site water system part of a private water company?

☐ Yes, name of private water company _____

☐ No

Will the well or on-site water system be abandoned after annexation?

☐ Yes

☐ No

3. Is the proposal area within the sphere of influence of a district or city that provides public water service? ☐ Yes ☐ No

If yes, which agency? _____

(Please attach any preliminary or recorded Agreements to Annex to application, if applicable)

4. Please identify all public and/or private water agencies that could provide water to the proposal area upon annexation:

Wholesale Water Agency(ies): _____

Retail Water Agency(ies): _____

5. Has the agency that will be providing water service issued an "Intent to Serve" letter? (If yes, please attach letter to application) ☐ Yes ☐ No

If No:

Will the agency be prepared to furnish water service upon annexation? ☐ Yes ☐ No

6. Does the agency have the necessary contractual and design capacity to provide water service to the proposed area? ☐ Yes ☐ No

If no, please describe the agency's plan to increase capacity:

7. Indicate the method of financing improvements and on-going operations (e.g., general property tax, assessment district, landowner/developer fees, etc.):

8. What is the distance for connection to the agency's existing water system?

D. Schools: *(Only to be completed for proposals that would result in **new** residential development)*

	Unified Or High School District	Elementary School District (if applicable)
Name of District		
Design Capacity		
Current Enrollment		
Student Generation Rate (i.e. # of K-12 students generated by development)		
Anticipated enrollment from this proposal		
Is classroom space available for anticipated enrollment?		
If no, indicate method of financing to provide necessary classroom space (e.g. developer fees, mitigated agreements, new schools, etc.)		

E. Assessment and Indebtedness of Service Areas:

- Does the city/district have current plans to establish any new assessment districts in order to pay for new or extended service(s) to the proposal area? ☐ Yes ☐ No

If yes, please describe which services and status of assessment district formation:

- Will the subject territory assume any existing bonded indebtedness upon annexation to the city/district? ☐ Yes ☐ No

How will the indebtedness be repaid? (e.g. property taxes, assessments, service fees):

VII. BOUNDARIES AND ASSESSMENT

- A. Is the property contiguous to the annexing City or District boundary? ☐ Yes ☐ No
(as defined by Gov. Code Section 56031)
- B. The property is within the boundaries of which city? _____
- C. Is the project area co-terminus with:
the Assessor's Parcel boundaries?: ☐ Yes ☐ No
the legal lot boundaries? ☐ Yes ☐ No
- D. Is the proposal completely surrounded by the annexing city or district? ☐ Yes ☐ No
Explain: _____
- E. Describe all changes (loss or gain) in tax assessments and/or assessment districts that will result from this proposal for the County, City, and/or Special District:

VIII. ENVIRONMENTAL ANALYSIS

- A. Lead Agency for project: _____
- B. The project:
- ☐ is exempt under CEQA Guidelines Section _____ Class Title _____ and a Notice of Exemption has been prepared by the lead agency.
 - ☐ will have no significant adverse environmental impacts and a Negative Declaration was prepared.
 - ☐ may have significant adverse environmental impacts and in accordance with Section 15070 of the CEQA Guidelines, a Mitigated Negative Declaration (MND) has been certified by the lead agency.
 - ☐ will have significant adverse environmental impacts and the lead agency has prepared an Environmental Impact Report (EIR).
 - ☐ Based on the certified final EIR all significant impacts can be mitigated.
 - ☐ Based on the certified final EIR there are significant unavoidable impacts that cannot be mitigated and a Statement of Overriding Considerations has been adopted. *(Submit the required number of copies of the adopted Statement of Overriding Considerations)*

XI. SPHERE OF INFLUENCE

- A. The proposal area is entirely or partially within the sphere of influence of all of the following:

CITY: _____

DISTRICTS: _____

- B. A Sphere of Influence Amendment is necessary for services to be extended to the proposal area and a Sphere of Influence Amendment Supplemental Application has been included:

☐ Yes ☐ No

X. CERTIFICATION

I certify, under penalty of perjury, under the laws of the State of California, that the information contained in this application is true and correct. I acknowledge and agree that the Ventura Local Agency Formation Commission is relying on the accuracy of the information provided and my representations in order to process this application proposal.

Print Name: _____

Title: _____

Signature: _____

Date: _____

- ☐ City or District Applicant
☐ Property Owner Applicant
☐ Applicant's Representative/Agent